according to the age of the patient. In patients with hyperactive pharyngeal reflexes a 4 per cent cocain solution is sprayed upon the lateral and posterior pharynx. The patient is placed in the recumbent position with the head slightly lowered. A positive pressure machine with nasal and mouth attachments is essential for a smooth nitrous oxid-oxygen anesthetic. The face mask is applied gradually. The nasal cap and mouth piece are not adjusted until the patient is completely anesthetized. The room is not darkened, and the necessary illumination is furnished by a bifocal head-light. The use of a daylight room is a material aid to the anesthetist and in no way handicaps the surgeon.

The tonsils are removed by the usual sharp dissection and snare method. Time for the removal of the tonsils has varied from thirty-six seconds to four minutes. The average time has been about two minutes. It is at this period that the deepest anesthesia is necessary, and following the removal of the tonsils the patient is retained under a lighter analgesia for a period corresponding to the coagulation and bleeding time. If there is bleeding at the end of this period the bleeding points are clamped and ligated. Any blood in the throat or nasopharynx is removed by suction. Gauze sponges or wipes of any description are not applied to the throat. The patient is fully conscious before leaving the operating room.

The postoperative care is reduced to a minimum owing to the absence of nausea and vomiting. The child frequently sits up in bed and plays with his toys, while the adult resumes an interest in life.

Tonsillectomy with nitrous oxid-oxygen anesthesia is practical and not accompanied by excessive dangers. It has its definite indication in certain pathological conditions.

The operative technique required is not difficult, but depends upon the close cooperation of a competent anesthetist and the surgeon.

490 Post Street.

Prize Babies—The New York *Herald-Tribune* of August 31 contained unique editorial comments on the Asbury Park parade, and said:

"We have never known a baby champion in adult life, at least consciously. Nevertheless it is not hard to believe that if he or she is aware from hearsay of the glory that crowned the infant head, he or she feels no temptation to boast of it. Quite the contrary. Everyone has had friends who liked to relate that when they were born the doctor told their parents they weren't worth raising, or that as children they were so sickly their lives were despaired of. This is a natural form of vanity, since the comparison implied is very flattering.

"These folk say in effect: 'Look at me now and see what I have become despite such a poor beginning.' But who wants to say: 'I was the champion baby of the Jersey coast in the year uppty-um and now look at me'? We all shy from anticlimaxes.

"Today, we learn, twenty-seven winners of baby parades throughout the country will compete for the title of champion baby of America at Asbury Park. At this distance and in advance we commiserate the winner and congratulate the mother."—*New York State J. Med.*

THE LURE OF MEDICAL HISTORY*

VESALIUS

By JEAN OLIVER, M. D.

AMONG the first books of all time Vesalius' "De Humanani Corporis Fabrica" holds high rank. And this is true from whatever point one wishes to examine its merit. As an example of the art of the printer it has served as an inspiration to craftsmen since its appearance in 1543 down to the modern revival of the art by Morris in England, and doubtless also to our local typographers, Nash and Grabhorn.

Its illustrations are well worthy of the period of graphic renaissance which had occurred in Italy shortly before Vesalius prepared his dissections as newly appointed professor of anatomy at Padua. Pallaiuolo, Leonardo, Titian and Michael Angelo had shown their skill at the delineation of the dissected human body, and Vesalius had but to control the efforts of the artist with his scientific skill to produce anatomical plates whose combination of artistic and scientific accuracy has never been equaled. The modern anatomist may find inaccuracies indeed, but he might learn the value of the living delineation of the dead in these figures of skeletons and muscular dissections which assume the attitudes of the common movements of daily life and so show the relation of articular and muscular structure to function. Vesalius' dissections live—the modern type is as dead (and as unattractive) as a cadaver.

The Lane Library possesses all of the more important editions of Vesalius' work: the first and second editions, the English, German, and Dutch Epitomes, which reduced the text to the convenience of the medical students of their time, but preserved the illustrations. The later copper plate issue of a Dutch edition is also there to compare with the original woodcuts. An examination of the illustrations alone will give one a considerable grasp of the state of anatomical science at that time, of the advances it had but recently made and perhaps a truer insight into the character of Vesalius than can be gained by the reading of many books about him.

Let us turn to the title page of the first edition of 1543 which represents Vesalius holding an "Anatomy" and which is filled with a wealth of allegorical and literal detail.

Anatomy had come at last to her own—no longer is there a furtive and hurried dissection at night by candlelight in some mortuary cellar as Leonardo has depicted, but in a magnificent hall which rivals the apse of St. Peter's. High above the colonnade are the arms of Vesalius, three weasels which represent the town in Belgium from which his family derived its name, for throughout his life Vesalius never forgot that he was an aristocrat in origin and by education, a very proper person to be professor at the newly established chair of anatomy at Padua, and later court physician to His Catholic Majesty the King of Spain.

Below the title is the Greek tragic mask, indi-

* This article is the first of a series on the history of medicine. See editorial in October 1, 1927, California and Western Medicine.

cating that Vesalius would have us consider the structure of the body as essential to the drama of life and death, while in the body of the apse, before an amphitheater crowded with spectators is Vesalius dissecting and explaining the abdominal viscera of a female subject. The index finger of one hand is raised as if to emphasize some point and in the other is a small baton with which he may point as he describes. Quite different is this pointer from that of the former professors of anatomy and which the articulated skeleton now holds that stands at the head of the table. And here is one of the great advances in his science that Vesalius made, for while the older professors sat at a high desk apart from the cadaver reading from Galen a description of the part which was clumsily dissected by a humble barber and demonstrated at a comfortable distance with a long rod, Vesalius was proud of his title of "professor, ostensor et incisor" and makes many a scornful allusion to physicians too delicate to handle anatomical material. On the table before him are anatomical instruments which two men at the foot of the table are busily sharpening.

The audience is noteworthy, as it shows the general interest of the times in the new science of anatomy. The seats and the pit are crowded to overflowing; spectators stand in the colonnade and lean from the gallery above the apse. It will be noticed that medical students, or at least young faces, comprise only a small part of this gathering—the majority are mature bearded men, many in the sandles and flowing robes which the graphic art of that time had chosen as the symbol of the Graeco-Roman philosopher. This is obviously a suggestion on the part of Vesalius that the followers of Aristotle and Galen, with whom he had many a bitter controversy, might attend with profit an actual dissection. Another allusion to the Galenical doctrine is found in the monkey—a favorite subject of dissection by the older anatomists—and the dog, which is seen in the lower corner of the plate. The dog apparently does not appreciate the need of gravity at such an occasion, for he is barking, and the philosopher before him looks back with annoyance and points to Vesalius as a caution, while another spectator leans from above the reproving hand toward the two men who hold him.

Behind Vesalius the representatives of the Church are seen, two monks, and in the seats above and behind him is a nun, who seems to be the subject of some comment of those about her. Another female is seen in the colonnade at the right.

Scattered among the audience are men dressed as merchants of the time, practical individuals, interested in science nevertheless, and whose wealth was an asset to the carrying on of scientific work then as now. One of these on the right is viewing the scene through a lens which he holds to his eye.

In the whole audience there are but two books seen, an innovation indeed in the study of anatomy. One of these is closed, while in the other the reader evidently compares the written doctrine of the day with the innovations which Vesalius is demonstrating.

Behind the pillar on the left a nude man is seen, for Vesalius used such to point out the landmarks and contours of the organs on the living as he dissected them on the dead. On the right a fashionably dressed youth in slashed doublet gazes in fascination at the spectacle.

Such was anatomy in the time of Vesalius, a subject of general interest among the cultured, and these were the great contributions that he made to its advance—that the professor should learn and teach from the actual dissection and that such a rôle was worthy of the respect, and attention, and support of society as a whole.

The portrait of Vesalius shows a young bearded man, richly dressed and of proud bearing. There is, however, a larger portrait on the next page of the first edition showing him in 1542, twenty-eight years of age, which we have not reproduced. From it one can see the character of the man—the remarkably shaped head, the keen eyes, and the belligerently tilted nose.

Throughout the book are scattered the anatomical plates and diagrams. We cannot attempt a description of these dissections which seem to live and move before our eyes, but they will be a revelation to those who know only the modern type of anatomical drawing. For a proper realization of their contemporary significance in the medical sciences, ask the librarian to show you a previous anatomy, Mundino's for example, and see what a tremendous revelation they must have been to the world of Vesalius' day. For anatomy, too, had come a renaissance.

A final word about the figured capitals which head the chapters and books. They are comparatively small and might be overlooked, but showing as they do the life of the student of anatomy, they

give a vivid picture of that science in Vesalius' time. Amoretti are seen performing the various tasks which confront the anatomist. In one they are disinterring a stout cadaver; another shows the removal from the gallows of a female subject; a stomach is being inflated; a coffin broken open; a skull macerated in a boiling cauldron, and so on through all activities of the anatomist. But why continue with descriptions which might be endless—the book itself is accessible to all.

CLINICAL NOTES, CASE REPORTS AND NEW INSTRUMENTS

REMISSION IN SPRUE FOLLOWING HIGH LIVER DIET*

CASE REPORT

By ARTHUR L. BLOOMFIELD, M. D.
AND
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San Francisco

THE similarity of many of the clinical features of sprue and pernicious anemia is well known, and the question has been raised as to whether there is not some actual relationship between the two disorders.[1] Since the cause in both cases is at present unclear, the point cannot be settled. However, in view of the brilliant results which have followed the use of a diet containing large amounts of liver in pernicious anemia[2] it was decided to try this form of therapy in a case of sprue. A prompt and striking remission was obtained.

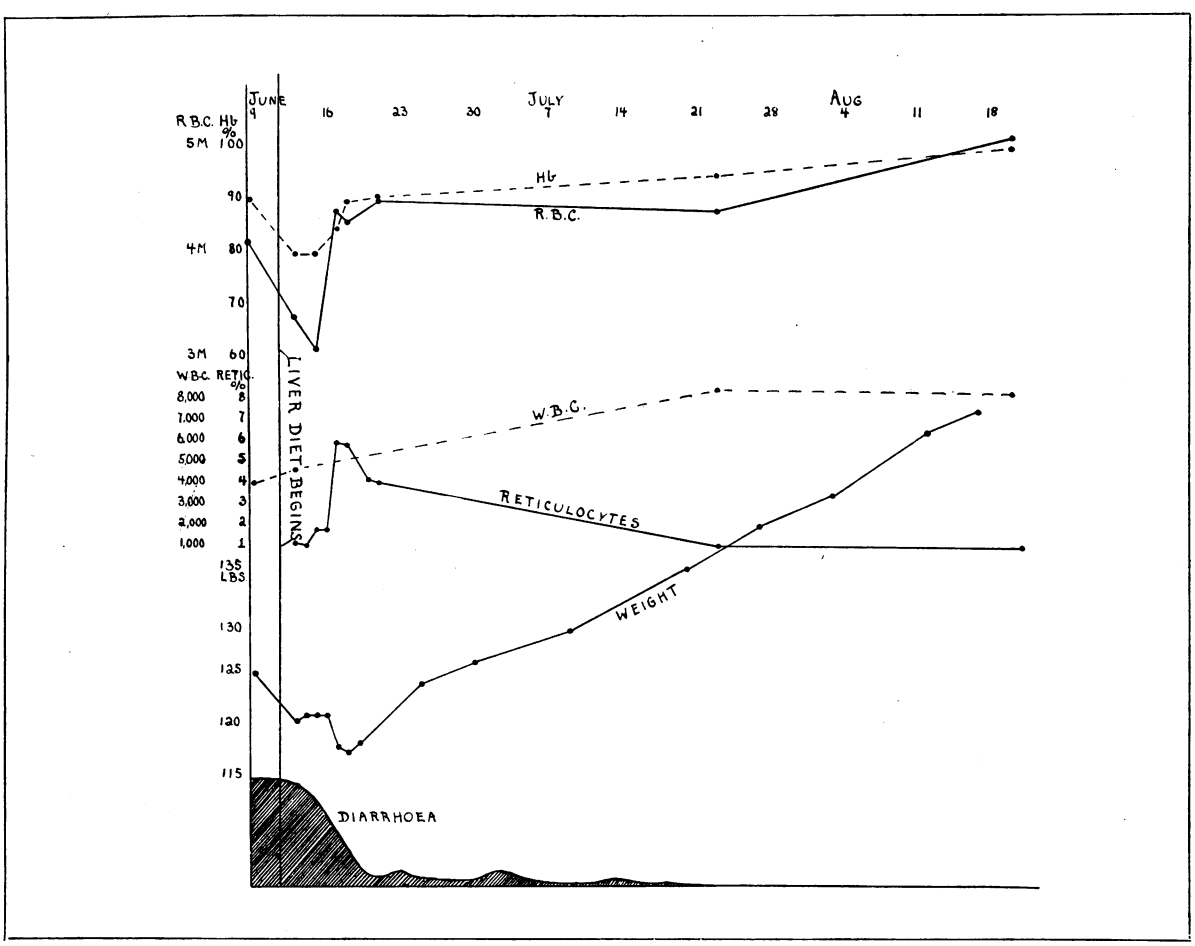
F. C. K., age 43, male (No. 51327), entered Stanford Hospital on June 9, 1927, complaining of weakness, diarrhea and sore mouth.

The past history was not remarkable; his general health had always been extremely good and there had never been any digestive disorder. In 1924 the patient went to the Philippines to "teach school" and returned to this country sixteen months ago. Two months later he began to have diarrhea. The bowels moved early in the morning, usually two or three or more times. The stools were extremely large, loose, pale and frothy. The patient was especially impressed by the bulk of the excreta; he saw no blood or mucus and there was no pain. Coincidentally with onset of the diarrhea the mouth became sore. There was a raw, burning sensation with successive crops of small "blisters" at the edge of the tongue and on the lips and gums. The appetite failed and he became progressively weaker. At times he was barely able to stand up. His average weight was about 135 pounds; at present he weighs 125.

He has had no systematic treatment but has used various astringents for the diarrhea and for the most part has been on a restricted milk-cereal-vegetable diet. There has been no tendency to improvement during the fourteen months of his illness.

On examination he was found to be thin and sallow. There was slight pallor without any suggestion of the yellowish tints of pernicious anemia. There was no atrophy of the lingual papillae, but along the mar-

* From the Medical Department of the School of Medicine, Stanford University.



Graphic summary of course of case